

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39164

Do not use this space.

1. PLACE OF DEATH

(a) County

Registration District No.

(b) Township

Primary Registration District No.

(c) City St. Louis

(d) Street No. City Hospital No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 63 yrs. 11 mos. 9 ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 9986

2. PRINT FULL NAME

Louise Garbs

(a) Residence, No.

3928 Ashland St.

ID

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 22, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

63

11

9

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work  
was done, as saw mill, bank, etc.

hwk

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St. Louis, Missouri

13. NAME

Chris Garbs

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Katherine Kunzy

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Switzerland

17. INFORMANT  
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Friedens Cem.

DATE

Nov. 2

37

19. FUNERAL DIRECTOR  
(ADDRESS)

Suedmeyer & Sons

3934 N. 20th St.

20. FILED

1 1937

19

J. Bredeck

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/31/37

19

22. I HEREBY CERTIFY, That I attended deceased from

10/17/37

10/31/37

19, to 19, 19.

I last saw him alive on 10/31/37, 19. Death is said

to have occurred on the date stated above, at 4.45 p

The principal cause of death and related causes of importance were as follows:

*Pyelo-nephritis, non-acute  
Cystitis, catarrh  
Lobar pneumonia*

Other contributory causes of importance:

*Pyelitis - post-encephalitic*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles M. Jessard, M. D.

(Address)

City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert, Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)